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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Anæmia and Bloodletting.—Delivered at St. Mary's Hospital, Nov. 14th and 28th, 1861. By THOMAS K. CHAMBERS, Lecturer on Systematic and Clinical Medicine.

GENTLEMEN: You will all remember the corpse like pallor, made more conspicuous by red hair, of a girl admitted this day fortnight into Victoria Ward. She smiled courteously, but was quite unable to rise from her bed. Her history is as follows:—

Margaret C., now aged 20, seems to have had very good health in general, as is shown by her remembering that she had such an unimportant ailment as a pain in the right side when she was a school girl of seven years old. She seems to have been carefully brought up by a step father in a

higher class of life; but three years ago she lost him, and had to go into service as a housemaid. For this work she was hardly strong enough, and, perhaps, too tenderly educated, and after eighteen months' trial she gave it up, and was apprenticed to a Berlin-wool shop. In this place her mental superiority was apparently recognized, for she quickly became forewoman, with three girls under her, in a shop at Maidstone. She felt this responsibility a good deal, and also thought the closeness of the shop did not suit her, though it did not seem to make others ill. However, she retained a high, bright colour in her face, for which she seems to have been somewhat admired, till nine months ago, when she began to lose it, and in a few weeks became as waxlike in hue as she is now. At first her appetite was large, and she always seemed in want of food; but after three months it failed, then

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ceased entirely, and she took a disgust to food. She had a good deal of pain in the epigastrium and to the left side of it, and also palpitations and pain of the heart. Three months ago she spat up some blood, and had a little cough, which frightened her sadly. Three times during the nine months she has had attacks of low spirits, with crying, but does not appear at all hysterical now. The catamenia always were quite regular and sufficient till the commencement of the anæmia nine months ago, when they began to get scantier and scantier, and at last ceased entirely. The urine is pale and watery, the stools scanty and steadily rare; but there is no sudden gush of bulky stools, diarrhœa alternating with constipation, or other indications of accumulation of feces in the intestines.

She expands her chest perfectly, and there are no abnormalities to give rise to a suspicion of pulmonary tubercle, at all events in such a quantity as to cause anæmia. There was a soft systolic murmur in the heart when she was agitated at first admission; but it went away after she had rested in bed five days.

First, now, for the name by which I have already designated this patient's disease. Anæmia, or "bloodlessness," means in scientific language a deficiency of the red disks in the blood. The word has been objected to because it has been supposed to imply etymologically that there is a deficiency in the actual quantity of circulating fluid, of which, indeed, there is no proof. And "Spanæmia," or "thinness of blood," has been proposed in its stead. Such accuracy would be highly commendable, if it were only accurate; but in truth the mere fact of *thinness* does not describe the essential nature of the disease; for the specific gravity of the blood might be raised as high as you like, but if you did not restore red blood-disks, nothing would be gained; the morbid state would still exist. But, in reality, there is no occasion for fault-finding. Anæmia, by the analogy of Greek etymology, does not mean deficient quantity of blood, but deficient quality, just as in Aristophanes ἀνθρώπος does not mean a man "without a face," but "with an ugly face," ἀνερπιδος means "difficult to count," and so on. I shall therefore contentedly use the term to include all cases in which the blood disks are beneath the normal proportion.

Anæmia is found during life in a great

number of the organic changes of tissues which you see in museums and lectures on morbid anatomy, and may discover by diagnosis. In other cases of equal importance and prominence it is absent. Very frequently, too, you find it in an extremely high degree in cases where you can discover no organic change in the solids at all, and where, from the transitory nature of the bloodlessness, there is reason to conclude that such organic change really does not exist. Under this last category comes the patient who is the occasion of my present Lecture.

To understand how it is that so many causes are followed by the same effect, and by an effect by no means proportioned to the general importance or want of importance of the cause, you must reflect upon the true relation which the blood bears to the rest of the organism. It is in the same position as a great thoroughfare in an important town. Very little trade, and still less manufacture, is carried on in the street itself, yet from the nature, the number, the pace, and other characteristics of the vehicles and people which pass, you may form a pretty shrewd notion of the commercial prosperity of the population. A foreigner standing in Cornhill and viewing the steady quick pace, and active, careful, yet healthy faces of the many-classed-by-passers, the well-packed loads of the vehicles, and their varied yet subdivided contents, cannot fail to see that he is in the centre of an industrious well-to-do nation. But it is not the mere fact of the crowding that makes him say so, for last Saturday he would have seen a greater crush at the same place though that was only in consequence of all trade being suspended for Lord Mayor's-day. And at Naples, the lazaroni and pickpockets who block up the pavements are evidences that trade is not only suspended, but prevented, by a dangerous horde of villains. So, in the blood, the Physician traces proof how constructive metamorphosis (the city's manufacturing industry), destructive metamorphosis (its consumption), and effective life (its social happiness) are carried on.

The traveller must not be deceived by an idle multitude in one spot, in estimating the strength of the population, nor must we set down local congestion as proof of excess of blood. In both cases, experience shows we have strong presumptive evidence of a deficiency.

Neither must a mere bustling throng be

reckoned as industrious citizens. There are cases where a large amount of solid matter, even where a large amount of red disks, adds no more to the usefulness of the circulating fluid than the lazaroni to Naples, and which are, therefore, as far as treatment is concerned, really in a condition of anæmia. Of these cases I will speak at a future opportunity.

But though crowds are no evidence of sound political health, yet it is certain that deserted streets prove the contrary. So anæmia, or deficient redness in the blood, shows a deficiency of life in the ministers to that redness; either the supply of food is too small, or its assimilation is defective, in both cases either absolutely or relatively, to the existing demand.

In many instances it is easy enough to lay the finger upon the instrument of life which is to blame. We can detect without difficulty the causes at work—starvation, which anybody can understand leads to an absence of the organic matters made out of food; disease of stomach, in which the aliments are not prepared for assimilation; disease of liver and duodenum, producing the same result; disease of intestines, or their glands taking up no adipose matter especially, and so preventing cell growth; disease of the spleen or lungs, which physiological experiments, independent even of our observations of morbid phenomena, show to be answerable for the formation of new blood disks in a way yet unknown; mental derangement, care, disappointment, which so readily arrest the activity of the assimilating viscera; these agencies, and many more, are readily comprehended as causes of anæmia. But there are a considerable number of cases where nothing tangible of this sort is to be made out, yet where the paleness of the blood seen in the face, lips, tongue, or in a drop taken from a pricked finger, and evidenced by the faintness, weakness, palpitation, anasarca, amenorrhœa, etc., are even more marked than where demonstrable lesion is to be found. So it is in the present instance. The young woman's history gives no reason to suspect any organic disease of the lungs or other organs, and the functions of life were fairly performed till she began to get pale and languid nine months ago. The want of red blood, which we look upon as the important feature in her case, attracted her attention also particularly, as she had previously had a fresh, high colour. Then,

after an interval amply sufficient to enable us to separate cause and effect, come the symptoms which I wish to notice as the consequences of anæmia. Causes, no doubt, they are in some instances, but here consequences. I mean the loss of appetite, impeded circulation, cessation of menses, hemorrhage from respiratory mucous membrane, and hysteria in a person unaccustomed to it.

The only explanation she can give of her loss of health is her having been employed in a shop less ventilated than she had been accustomed to, and having the responsibility of the concern thrown upon her. Alone neither would have been sufficient, as the shopwomen under her do not appear to have suffered from the air; while, on the other hand, women in retail business are not as a rule anæmic. But still I think that both together may perhaps be fairly saddled with the blame, for whilst the increased mental labour was increasing metamorphosis, the greater demand was not responded to by greater supply, but, on the contrary, assimilation was checked by the even moderate unwholesomeness of the respired air.

Of course, the not being able to trace deeper the anatomical cause arises from the imperfection of our knowledge, but it does not arise from neglecting to apply such knowledge as we possess to practical medicine. If we were to make an autopsy of this patient instead of curing her, we should in all probability find no more lesions in any of the tissues capable of accounting for the disease exhibited in the blood than we have already found. A fortnight ago Dr. Gull, Mr. Malton, and I examined the body of a gentleman who had died at forty-six of anæmia, and made separately microscopical investigations of portions of the several viscera. Nothing abnormal could we find in any part. The typical healthiness of all the tissues was very remarkable in a man of that age. There was not even a single adhesion of the pleura. I mention this in order that you may not lament the opacity of your patient's bodies, or suppose yourselves likely to learn how to treat them better if you could see their insides.

Anæmia, without obvious organic lesion, when properly treated, is a very curable condition, and this should still further reassure you, that you miss nothing by not being able to study its post-mortem path-

ology. For transitory and curable states leave but little foot-prints behind them for morbid anatomists. In a great majority of cases they depend upon the mucous membrane, of all the tissues in the body the one most affected by mortuary changes.

To the mucous membranes I am disposed to attribute the condition in which we find our present patient. The two circumstances to which I have traced the illness both act directly or indirectly on this tissue. The mental exertion involved in an unusual responsibility thrown on a conscientious person would arrest the action of the involuntary muscles which carry along the mass of food through the alimentary canal. You know well the time your food is in leaving the stomach if you are called to an important midwifery case just after a hearty meal; and several commercial and literary men have complained to me of attacks of vomiting (that is, temporary paralysis of the stomach), when they took dinner alone, and so were apt to let the mind dwell deeply on some interesting subject; and they have told me in wonder that they could dine out and eat and drink all sorts of rich things with impunity. They did not seem aware of the physiological value of frivolous conversation. At the same time that the moral causes thus impeding digestion, the unwholesomeness of the air in the close shop poisoned the mucous membranes, diminishing their vitality and causing them to be abnormally covered with a thick layer of mucus. Remember that, in spite of their name, it is not the business of mucous membranes to secrete mucus; the more perfect is their condition, the more favourable are the surrounding circumstances, the less they do so. From many persons' lungs not a drachm of expectoration is thrown up in a month, and the vast surfaces of the intestines and bladder are equally innocent of even microscopic traces of mucus in the typical health we desire to experience. It is only when the presence of some material agent diminishes their vitality that the mucous membranes exhibit on their surfaces that peculiar substance whence they take their appellation. And the greater the diminution of life, the greater the secretion; a slight cold in the head will be accompanied by slight catarrh, a severe one by excessive catarrh; and the nearer the approach to death, the nearer it is, so that the death rattle, or overpowering collection of mucus in the bronchi, is a popu-

lar warning that all is over. Be careful not to look upon mucous secretion as augmented life; it is in fact a partial death.

Well, the poisoning air having covered these slowly moving mucous membranes with a thick tenacious coat, the entrance of alimentary substances into the veins and absorbents was impeded, and our patient starved in the midst of plenty. So all the usual signs of starvation followed. First, hunger—by no means a constant accompaniment of chronic deprivation of food, yet sometimes present as here; then anorexia, a much more frequent phenomenon; then paleness, languor, weariness, and pain in the stomach; then anasarca, and, in short, the other more marked symptoms of anæmia.

You may observe that the loss in those constituents of the body, which are of a nitrogenous chemical composition, is more marked than that in the hydrocarbonaceous fat. The reason is, partly, that the destruction of adipose vesicles is somewhat concealed by the saturation of the tissue with serum, which gives it a false plumpness—partly, that fat, being absorbable without much, if any, alteration, is easier taken up than fibrin or albumen which require a chemical solution before they can be absorbed. So that though starved, our patient looks but little emaciated.

All that I have said before, of course has for its end the treatment. My aim in anæmia is to introduce as quickly as I can the largest possible amount of 1, nitrogenous food; 2, iron; 3, chlorine. When I say "introduce" I do not mean "throw in," or get swallowed, but assimilated in the system.

As regards the first, it is obvious that if I had written down ever so many "ordinary diets," a patient to whom the very sight of food was an abomination, would have gained nothing by it; she would simply have gone without. I directed, therefore, no meals at all, and no solid food, but a cup of milk with some lime-water in it, to be given as medicine every two hours, and a pint of beef-tea in small, divided doses during the day. After two days she managed an egg also daily, and after twelve days of gradual additions of this sort, you will find her on full allowance of mutton chop, porter, beef-tea, and milk.

Iron is required to supply the new growth of red disks which we hope for, with their.

metallic constituent. You cannot get it into the system in any way so quickly as the *mistura ferri composita* of the London Pharmacopoeia. Large doses of the more soluble salts have an action on the mucous membranes which not only prevents them being taken up, but also arrests the digestion of food. Evidence of the latter is found in loss of appetite and feverishness, and of their own rejection in the blackening of the stools much sooner than by the form I have approved of. So in spite of the elegant preparations which are constantly put before us, as recommended by their solubility, such as the chloride, acetate, citrate, phosphate and other salts of iron, I prefer the unchemical mixture. It seems as if the carbonate which is preserved from decomposition by the sugar, and the finely-divided oxides diffused through the thick liquid were peculiarly easy of solution in the water saturated with salts and carbonic acid, which (and not pure water) we must remember is the solvent to be considered.

I have found that some cases which did not improve so quickly as I could wish under the above treatment, made a sudden start of improvement when to it was added the administration of chlorine in the form of warm hydrochloric acid baths. More iron is taken up—the blackening of the feces ceases, and therefore perhaps it may be that the presence of more acid in the system attracts more of the metal. But in a few cases I tried for experiment the hydrochloric acid baths alone, and even then it was beneficial, seeming to confer muscular strength like what are commonly called tonic drugs. I cannot but think, therefore, that it supplies a distinct want in the system, that it is a directly restorative medicine in anemia.

Nor is it difficult to make this empirical observation accord with rational pathology. In anemia the blood is more watery than natural; the proportion is deficient, not only of organic matters, but of salts. Chloride of sodium is the most important of these, and the supply of one of the constituents of this material we may reasonably imagine is an aid to the renewal of life, which is the end of all medication.

Besides the above named medicines, you will see, I have ordered *Pil. aloes cum myrrha*, gr. iv. *omni nocte sumenda*. Now, do not suppose that this is ordered merely as a purgative, and that any other purgative

would do as well. On the contrary, most purgatives do harm in anemia. Gamboge, castor-oil, sulphate of magnesia, colocynth, mercury, and several others, which produce serous elimination and augment secretion generally, would do harm just in proportion to their activity. It seems established by the experiment of making them act as purgatives when injected into the circulation, that their soluble principles have a destructive agency over the blood; whereas the soluble alkaloid in aloes (aloeine) is, in fact, a bitter tonic, and the purgative power of the drug resides in its insoluble resin.¹ Its action is very slightly eliminative—in moderate doses it only slightly augments the solid brown excreta of the colonic glands, and produces feces feculent in smell and of consistent form; whilst at the same time it restrains, by its bracing bitter, the formation of mucus, as you may clearly see by its action on moist piles, how it dries them up and makes them smart. And by the more vigorous peristaltic action and by the solid mass passed along the gut, the already existing mucus is cleared away. Aloes, therefore, is employed strictly as a clearer of the intestinal, especially of the colonic, membrane. It is joined with myrrh, partly to divide it minutely, and make a small dose go further, and partly to get the advantage of the extra resin.

November 28. A fortnight ago I lectured about an anemic patient. She was then showing a tendency to lose her title to the name, and now she certainly cannot claim it, and has earned our confidence in the statement that her natural hue is rosy. She leaves the Hospital to-day, having manufactured enough red disks to colour her blood throughout very sufficiently.

What amount of manufacturing industry does this show? Let us reckon. She weighs 8 stone, or 1792 ounces; of this $\frac{1}{16}$ ths, or 512 ounces is blood; and of this blood $\frac{1}{16}$ ths, that is to say, 60 ounces should be red globules. Now the analyses of MM. Andral and Gavarret show that in cases of anemia of at all a marked character (as this was), we may expect, at least, three-quarters of the red disks to disappear, so that when she came into the Hospital it may be fairly assumed that she did not possess above 15 ounces; and now I think with equal fair-

¹ "Headland on the Action of Medicines," p. 331; and Robiquet in *Journal de Pharmacie*, April, 1836.

ness she may be assumed to have got up to 45, which is conceding that she still wants a quarter of perfect health. By this reckoning she must have made 20 ounces of red blood disks; that is, the most important organic constituent of upwards of 150 ounces of blood, in a month!

Mark the power of renewal which the human body has under favourable circumstances, and learn from this not only the curability of anæmia when it is a disease, but also the facility of repairing artificial loss of blood when it is employed as a remedy. It has been the fashion lately among certain Medical declaimers to paint the Physician who draws ten or twelve ounces of blood from the arm as a deadly villain, who necessarily *ex vi termini* takes away "the life," or that which cannot be replaced. Not only pill-dealers and quacks have raised this outcry, but it has been joined in by some whose knowledge of physiology ought to have taught them better. It ought to have taught them the fallacy of the popular notion and the scientific argument by which to refute it. You will clearly perceive from the calculations through which I have taken you that by proper management no loss is so easily repaired, and that if he saves his patient two nights' sleeplessness or pain, the price of a venesection is well spent.

Only note this, that *if the loss is to be repaired, the means of repair must be given*. When I bleed, you will observe that I take down the diet card and accommodate it to the circumstances, being very careful that the patient has the wherewithal to replace the globules I am detracting. I supply with one hand what I am taking away with the other. I begin to cure the artificial anæmia, which I feel myself called upon to produce, at the same time that I am producing it. "Blowing hot and cold" you will say. Precisely so—that is what I intend. I blow cold with my bleeding, not for the sake of blowing cold, but because it is the inevitable accompaniment of the remedy. I employ the remedy not to produce anæmia, but for other quite different purposes which I think are worth the cost. And I blow hot to compensate as well as I can for the evil I think it desirable to do, on the principle

"*Necesse est facere sumptum, qui querit lucrum.*"

I do believe that the sad effects of the excessive venesection of our fathers, which

with justice have been thrown in the teeth of the Medical Profession, was due quite as much to the starvation as to the bleeding. I have a most vivid and painful recollection of seeing, when I was a student in Paris, M. Chomel and others treating pneumonia. I could not at first understand why in France so much more marked, and, in my opinion, so much more deleterious, effects were produced by the venesection than in England. At that period we had at home ample opportunities of seeing blood-letting practised; but I never saw such prostration produced by it at St. George's as I did at the Hôtel Dieu. Then I noticed that the order for "*Saignée*" was accompanied by "*Diète absolue*." I almost doubted my knowledge of French, and was obliged to ask several of the bystanders before I could believe that this meant an *utter deprivation of all food*! There was an instantaneous explanation of the comparative toughness of my countrymen; for never in our worst days did we carry the Sangrado practice so far as that. We did not give food enough, perhaps, but we never commanded that it should be intentionally kept out of our patient's way.

The bad practice of starving and bleeding at the same time, took its rise from the errors of Allopathy. In this system a disease is an enemy to be overcome—a something to be combated by an agent which is as opposite to it as possible. Bleeding was found by experience to be useful in certain morbid states; therefore it was useful in virtue of its opposite effects. Anæmia and depression of life, are the most constant effects of bleeding; therefore anæmia and depression are the benefactors to be sought for, and whatever aids bloodletting in producing anæmia and depression, is a good companion to it. It is unnecessary to say, that of course starvation was the first agent thought of, adopted à l'outrance by the logical French, and with more hesitation by our fortunately illogical countrymen. The abuse has brought about a reaction; and that treatment which was considered at one time so specific that its gravest faults were viewed as virtues, now runs a risk of being denied all virtue because of its avoidable faults.—*Med. Times and Gaz.*, Jan. 11, 1862.

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Cases of Fever (Typhoid) with Clinical Remarks.—Several cases of fever having occurred in the clinical wards of Guy's

Hospital, under the care of Dr. Barlow, whilst he had charge of them during the months of October and November, he was led to remark that whilst some of them presented a close accordance with the symptoms generally received as characteristic of that form of the disease now distinguished by the term typhoid, in others there was a considerable deviation from those symptoms. For example, the first case was that of a young girl, aged 18, who had been attacked with diarrhoea and pyrexia. She was admitted on October 14, having been ill about twelve days. Distinct rose-coloured maculae were observed on the chest and abdomen; but there was no diarrhoea whilst she was in the house; the tongue, however, showed the red tip and edges with somewhat elongated papillae, indicative of gastric irritation. She was convalescent from the fever at the end of two weeks.

The next case was that of an old woman, who was brought into the Hospital with fever of a low type, and who only lived four days afterwards. In her case the tongue was covered with dark sordes. There was no diarrhoea, but upon inspection after death there was considerable ulceration in the lower part of the ileum.

Another case—a young married woman—presented well-marked rose-coloured maculae, but there had been no diarrhoea previously to her admission, and while she was in the Hospital there was great difficulty in getting the bowels to act.

The next was a fatal case, occurring in a young married woman, who had suffered from diarrhoea as well as the other symptoms of fever, previously to her admission, and on whom there was observed an unusually large crop of distinct slightly elevated rose-coloured spots. On inspection after death, very extensive ulceration was observed in the lower part of the ileum; and there were also some ulcers below the ileo-cæcal valve, one of which, nearly as large as a sixpenny-piece, had denuded the muscular coat of the intestine.

Among the males, a young man was admitted, having been attacked with pyrexia and severe pain in the head, and on whom a few distinct rose-coloured maculae were subsequently observed. He had had no diarrhoea previously to his admission, and while he remained in the house there was considerable difficulty in inducing even a moderate action of the bowels.

The next case admitted was that of an Irish boy, who had been ill about twelve days, and was admitted with a pretty large crop of distinct rose-coloured spots and rather severe bowel irritation. He had considerable delirium at night, which was allayed by a moderate dose of Dover's powder, and ultimately convalesced satisfactorily.

The next case was one commencing with diarrhoea, in which no maculae were observed, and which assumed the form of well-marked relapsing fever.

Dr. Barlow remarked that though the above cases, with the exception of the last, were of that form of fever which is now commonly described as typhoid, there were considerable differences to be observed in their symptoms and progress. In the first case there was diarrhoea at the commencement, but subsequently none. In the second, which was fatal, there was no diarrhoea as far as the history could be ascertained; but there was the characteristic intestinal ulceration. In two other cases, one male and one female, there was no diarrhoea throughout, although there were well-marked maculae, particularly in the case of the female; whilst in the case of the young woman who died there was an unusual number of spots, diarrhoea, and very extensive ulceration extending below the valve. In the last case but one there were abundant maculae, diarrhoea, and delirium, which latter symptom was almost absent in the other cases. The last was one of relapsing fever, showing that these varieties of fever may present themselves at the same time. But besides this, we have grounds for believing, contrary to the generally-received opinion, that the typhus form of fever may occur contemporaneously with the typhoid, since a young man has lately been admitted into Guy's Hospital, under Dr. Barlow's care, with severe pyrexia, great oppression, and an eruption, apparently identical with that generally regarded as characteristic of typhus. Dr. Barlow subsequently learned, through the kindness of Dr. Hermann Weber, that this man had just before been the subject of typhoid fever in the German Hospital, and further, that a fever, apparently typhus, had been prevailing in the German Hospital for a short time previously to the admission of this young man into Guy's Hospital. Another fact which has become apparent during the pre-

sent epidemic is, that typhoid fever may be communicated by contagion. Thus, Dr. Barlow learned that a young woman, the subject of slight ichthyosis, with some albumen in the urine, who had been a clinical patient, and very attentive to her fellow-patients who were the subjects of fever, and who was upon the point of leaving the Hospital just as he gave up the charge of the wards, was prevented going away by an attack of pyrexia, which assumed the character of typhoid fever, of which she subsequently died. A nurse, also, in one of the wards where severe cases of typhoid had been admitted, has been attacked with typhoid fever of a highly dangerous character.

—*Med. Times and Gaz.*, Jan. 4, 1862.

Clinical Remarks on Pleurisy. By Dr. JAMES JONES, of the Metropolitan Free Hospital.—It is unnecessary to remark on the great frequency of pleurisy. The fact that scarcely a thorax can be found in and after adult age, in which adhesions do not exist in some portion of it between the pulmonary and costal pleurae, is sufficient to demonstrate its frequency. The generality of those cases, however, are what may be denominated simple adhesive inflammation of the pleura, unattended by effusion of serum in sufficient quantity to give physical indications of its presence. It is, perhaps, not generally known, however, to how great an extent pleurisy with effusion in sufficient quantity to give rise to compression of the lung to a degree sufficient to arrest its functions, prevails amongst the ill-clad, underfed, intemperate operatives at the east end of London. The out-patients' room at this hospital is seldom without several well-marked cases of this kind. They continue to attend as out-patients, and get well under the most unfavourable circumstances. These cases, when compared with those which occur amongst the well-fed, well-cared-for middle classes, would almost induce the belief that the diseases were different. But is it not the circumstances of the patient which influence the course of the disease? In the well-fed patient, there is generally an amount of plethora, a condition of hyperaemia, which tends to effusion. The overburdened vessels find relief by a disengagement of the more fluid parts of their contents into the pleural cavity. The same condition tends to check absorption when the more acute stage has passed off. In the half-

starved patient, on the other hand, the ill-supplied vessels have no inducement, so to speak, to get rid of any portion of their contents, and, if forced to do so by the severity of the inflammation, they are always ready (and willing) to reabsorb it. How far the results of the same disease in two opposite conditions of the system may bear upon the treatment by venesection and other modes of depletion, is worthy of grave consideration. Have we not, in disusing venesection in pleuritis with plethora, given up a remedy capable of accomplishing much, and, if used with judgment, unmixed good? Is the disuse of venesection a necessary corollary of the supporting treatment of the present day? We resort to mercury, iodine, and other drugs to promote absorption. Do we not, in giving up venesection and depletion, deprive ourselves of a far more powerful and much less hurtful agent than any or all of those which we now employ? I do not wish to be understood as advocating the return to the use of copious, and frequently-repeated bloodletting, which, by destroying the vital stamina of the patient, either hastens his death, or, if he be so fortunate as to escape with his life, produces an amount of debility which leads to a slow convalescence. Moderate bloodletting, by reducing the mass of fluid in circulation, tends to encourage absorption, the early and rapid accomplishment of which is of so great importance in pleurisy. The ill-fed man, with a condition of the circulation the opposite to plethora, recovers from an attack of pleurisy which, in the plethoric, is sufficient to destroy life. The first case is interesting as an example of severe pleurisy running through all its stages, unmodified by treatment. It presents several points of much interest, especially with reference to paracentesis.—*Med. Times and Gaz.*, Jan. 18, 1862.

Aphtha Figurata—Clinical Remarks on its Pathology and Treatment. By ANDREW CLARK, M. D.—This disease, as it occurs in adults, passes through three stages, which are sometimes seen simultaneously in different parts of the same tongue. In the first stage it is studded with variously shaped, white, opaque, slightly raised, red-edged patches; in the second, with shallow, red, angry-looking, white-margined erosions; in the third, with smooth, glossy depressions, through the thin, tensely-stretched lining of which the subjacent textures are visible.

The first stage is essentially an epithelial thickening. The secretion of a serous fluid determines its desquamation and the production of an erosion. This, after extending in various directions, becomes coated at last either by a single or double layer of fine, scaly, epithelial cells, or a stratum of fibroid tissue.

The morbid process is often repeated in the same spot; and then the papillæ are destroyed and the mucous membrane replaced by fibroid tissue.

The disease arises from various causes. Sometimes it is hereditary, sometimes congenital. Many cases are referable to syphilis, a few to mercury and to local irritations; some are inexplicable.

In any case, the disease is a source of great discomfort to the patient, and extremely difficult of cure.

If the disease is not specific, and ordinary remedies fail to effect a cure, proceed as follows:—

Remove all possible sources of local irritation, whether arising from carious teeth, smoking, the use of the pipe in glass-blowing, or the like.

Let the diet be made extremely simple; especially exclude condiments, sweets, acids, and acid-begetting matters.

Immediately after a meal carefully wash and dry the tongue, and then quickly, but firmly and freely, apply the solid caustic to each of the patches and the surface beyond to the extent of an eighth of an inch.

Repeat this application twice at intervals of three days, and gargle frequently with a solution of alum containing about two grains to the ounce of water.

New patches must be treated as they arise in the same way. But if after the second or third application fresh patches appear in the places occupied by the old ones another plan of treatment must be adopted.

Wash and dry the tongue as before; pencil each patch with the liquor sodæ chlorinatæ which will dissolve the epithelial or fibroid thickenings; in a minute or so, wipe the now softened patches with a dry cloth, and lightly apply to the raw surfaces a saturated solution of arsenic in hydrochloric acid. Take care that no more arsenious solution is used than may be required to saturate the patch, and that the mouth is washed with water at the conclusion of the operation.

This process may be repeated in four days; but meanwhile the raw surfaces should be painted daily with a solution of nitrate of silver containing two grains to the ounce.

The local treatment is sufficient to effect a cure in some cases. In others nothing can be done without the help of remedies affecting the general system.

In the more tractable cases the following draught will suffice, given thrice daily, two hours after food: *R*.—Potassii iodidi gr. iij; potassæ bicarb. gr. x; potassæ chlor. gr. viij; spts. am. arom. ℥xx; syrapi aurant ℥j; infus. cinch. ad ℥j. Fiat haustus.

If manifest improvement does not occur after a fortnight's use of this combination, replace it with the following solution of the iodide of arsenic: *R*.—Liq. potassæ arsenitis ℥ij; potassii iodidi gr. iij; liq. potassæ ℥xv; tinct. cardam. co. ℥j; syr. rhæados ℥j; aquæ cinnam. ℥vj. Three times daily with food.

If the disease is still intractable, it will sometimes be finally conquered by the nightly administration of half a grain of the iodide of mercury in combination with three grains of the extract of conium.¹

By one or other of these plans we may cure about six in every ten cases. In an experience extending over two hundred cases rather more than forty per cent. remained uninfluenced by any kind of treatment.

When the disease cannot be permanently cured, it may be temporarily cured by the daily application of weak solutions of nitrate of silver; or by allowing crystals of chlorate of potash to dissolve slowly in the mouth.

In most cases, even when the erosions are perfectly healed, the mucous membrane remains so irritable as to prove a continual source of discomfort. This may be overcome by the daily application of a saturated solution of tannic acid in equal parts and spirit and glycerine.—*Ibid*.

Clinical Remarks on the Cure of Phthisis. Delivered at St. Thomas's Hospital, by WILLIAM BRINTON, M. D., Physician to the Hospital.—The case we are about to discharge (29, Ann's ward) is of the greatest interest, not so much for the rarity of its

¹ In the case of a lady sent to Dr. Clark by Dr. Corbett, of Oseott, this disease had existed for twenty years, and resisted all remedies but the two last, by means of which it was finally cured.

symptoms as from the remarkable success which has attended its treatment.

E. W., aged twenty-eight, a married woman without children, had suffered five or six winters from increasingly severe weakness, and from cough, which subsided (without disappearing) during the summer, and which for the last twelve months had been associated with severe pain through the middle of the chest, and frequent (but remittent) stabbing pain under the right breast. On the 17th of July last she was seized with shivering and acute headache; to which, a fortnight later, were added intense and frequent vomiting and purging. At her admission, the vomiting followed all ingestion of food; the purging amounted to about six or eight watery stools daily, preceded by griping, accompanied by tenesmus, and streaked with blood. The pain in the belly left a superficial tenderness between the throes of vomiting and purging. The tongue was raw-looking, almost hectic. She had night-sweats. The pulse and breathing were 120 and 32 a minute respectively. The chest revealed to a careful physical examination unmistakable signs of diffuse tubercular deposits in the upper parts of both lungs, with dry pleurisy in the right mammary region, and a small cavity or cavities in the right apex. The sputum, characteristic but not copious, confirmed these signs; and yielded, to microscopic examination, plenty of the yellow elastic fibres of the lung-tissue. She was terribly prostrate, and thin; and, according to her own account, had been losing flesh for two or three years past, latterly with great rapidity.

There is little need to dwell on the diagnosis. Even the prevalence of English cholera at the time of her admission would have allowed no one who took the trouble to extract her history little by little from her broken and exhausted statements, to overlook the true nature of the intestinal malady. The case was obviously one of tubercle, deposited not only in the lungs, but in the bowels; and, in both organs, probably advanced to the stage of softening and ulceration. In the lungs, indeed, this was evident. In the bowels also, the peculiar character of the symptoms left no reasonable doubt that the solitary and agminate follicles were already ulcerated.

To-day (November 29th) she is discharged, having been kept in the hospital

many weeks beyond what might have seemed necessary, in order both to certify her cure and ward off a relapse. She is, as you see, a plump, happy-looking person, very unlike an hospital patient. For the last two months, indeed, we have verified that she has been gaining flesh at the rate of about twelve pounds a month.

And now, if you ask what is the treatment which has resulted in this fortunate issue, I can only answer, that she has taken no new drug, no fancied specific, has not been kept on the verge of intoxication by alcohol, or narcotism by opium. The remedies have been of the most ordinary description. Nor can I claim anything but common sense for their direction and combination, or for the diet which alone has rendered them efficacious.

Obviously the first thing to be done was to check the dysenteric flux, and allay its symptoms. And here I should say, it is not advisable to be daunted in the use of opiates and astringents (and especially of those which reach the affected segments of the canal) by the mere presence of vomiting. Any sufficient irritation of any part of the alimentary canal may produce this symptom. And tubercle in the lungs is an independent, and equally sufficient, cause for its occurrence.

She took a mixture of bismuth, compound kino powder, and tincture of catechu, with mucilage and water, every four hours; and, as this did not seem at once to suffice, had an enema of the same composition once or twice in the first two or three days after her admission. Four ounces of brandy with cold water, and a cold, semi-liquid, farinaceous food, gradually supplemented by increasing quantities of milk, both food and stimulant given in twelve small daily doses, formed her diet. Hot bottles were applied to the extremities, and hot fomentations to the abdomen.

In the course of the first thirty-six hours of this treatment, she began to amend. In five or six days the vomiting had all but ceased, being limited to a little retching in the morning; and the stools, now painless and quiet, had subsided to about three a day. The mixture was now gradually exchanged for a pill of the extracts of opium and rhathany, three or four times daily; and the nausea was controlled by the compound calumba mixture which I so frequently use for this purpose. By and by, quina was

slid into the pill, its opium gradually diminished, and iron as gradually added. Long before she had thus lapsed into a purely tonic treatment, she had very reluctantly begun taking cod-liver oil, with none but the ordinary precautions as to its moderate quantity, and its admixture with the other articles of food by being taken upon a meal. During the same time her diet had also been marching steadily onward, passing through strong beef-tea to meat, butter, bread, vegetables; and through good red wine (Rousillon) to stout. The chest symptoms, which were at once relieved by the treatment first adopted, continued some weeks after the diarrhoea had subsided to one stool daily, and can only be said to have disappeared under the cod-liver oil. It is now many weeks that she has been anxious to leave the hospital, feeling, as she says, quite well. And as she seems to have regained (and indeed surpassed) the *maximum* of fleshiness natural to her, and has not increased notably in weight for a fortnight past, I have no longer any excuse for keeping her here, beyond the wish which every conscientious physician must feel specially to watch the permanence of the more remarkable cures effected by our art.

The only comments one can offer upon this treatment are trite enough. Ever since the days of *Æsop*, and very likely before them, "*the belly and the members*" have been liable to little differences of opinion. And this proposition especially holds good in disease; where, to vary the venerable fable alluded to, the constitution is often in urgent need of the very things (diet and drugs) which the alimentary canal is outraged by being called upon to receive and elaborate. But this obstinate, irritable organ is easily circumvented by gentleness and kindness. With care in selecting, and slowness in modifying, the natural or unnatural ingesta which we have to give, the patient who to-day is vomiting every spoonful of food, may, in three weeks, be taking an ounce and a half of cod-liver oil daily, as a supplement to a rich and copious diet and half a pint or a pint of wine; and disposing of quinine and iron in full doses. For such tonics, and in such cases as this, the solid or pill form is all important. It is often still more important not to interrupt the temporary constipation for which Nature, with all the enthusiasm of a convert, often exchanges the previous diarrhoea. Remember that

even supposing the wearied intestine does not make up for its overwork by a little repose, it takes three or four days to fill an empty bowel, and thus to begin the natural evacuations.—*Lancet*, January 4, 1862.

HOSPITAL NOTES AND GLEANINGS.

Sulphate of Zinc in Hysterical Cough.—

A case in which the sulphate of zinc was successfully employed in the treatment of hysterical cough has recently been in Dr. Peacock's wards at St. Thomas's Hospital. The patient, a female, sixteen years of age, had been subject to similar attacks for eight months, and had been under treatment previously in St. Thomas's and the Westminster Hospitals. She was admitted under Dr. Peacock's care on October 19. The present attack was much the most serious which she had had, and it had continued for a fortnight or three weeks. The cough was severe and incessant, ceasing only when she was asleep. She had no expectation or any other symptom or sign of pulmonary disease; the catamenia were quite regular; the bowels torpid. An aperient was given, and she was directed to repeat it at intervals, and to take two grains of sulphate of zinc, twenty minims of tincture of hyoscyamus, and twenty minims of fetid spirit of ammonia in infusion of valerian, three times daily, and to inhale chloroform. Wine and a nutritious diet were ordered. The chloroform was several times repeated, but without apparently any beneficial effect, and the sulphate of zinc was increased by two-grain doses twice each week, the tincture of hyoscyamus and fetid spt. of ammonia being also raised to half drachm doses.

On November 7, the dose of sulphate of zinc was raised to 10 grains. The cough had subsided, and she was directed to take the quinine and iron mixture three times daily. On the 10th, however, the cough recurred, and was as constant and severe as ever; the last medicine was therefore discontinued, and she was again directed to take the sulphate of zinc, etc., beginning with a dose of five grains.

On December 9 the dose had been gradually increased to fourteen grains, the cough had entirely ceased, and she was discharged cured on the 16th. During the time that the zinc was taken she never suffered from nausea or sickness.—*Med. Times and Gaz.*, Feb. 1, 1862.

Very large Doses of Sulphate of Zinc in Epilepsy.—While the above patient was in the ward, a case of epilepsy was also under treatment by Dr. Peacock, in which the sulphate of zinc was very largely exhibited without any injurious effects being produced, but also without material benefit.

The patient was a female, 11 years of age, who was admitted on August 21. She had been subject to epilepsy for sixteen months; the attacks occurred two or three times a week, and generally on the day of occurrence there were two or three fits in rapid succession. The attacks were generally of the syncopic form, the patient, without any warning, falling down insensible and recovering, without convulsions, in about ten minutes. Sometimes she was somewhat convulsed, and then the coma continued, more or less decidedly, for about two hours. Her mind was very much impaired, the expression of countenance fatuous; and she had a very peculiarly-formed head. The treatment was commenced by giving her a calomel and scammony powder, and this was directed to be repeated at intervals as needed. She was ordered two grains of sulphate of zinc, in infusion of valerian three times daily. The dose of the sulphate of zinc was increased by two grains on each day of visit, or twice during each week, till at the beginning of November, or in a period of about ten weeks, she took forty-two grains three times daily, and this dose she continued for four days when she became slightly sick, and it was suspended in consequence. During the whole of this time she never had any nausea or sickness, or other symptoms indicating that the remedy gave rise to any irritation of the stomach or bowels. The urine was several times analyzed by Dr. Bernays, but only a trace of sulphate of zinc was ever detected, and it was therefore supposed by that gentleman that the zinc entered into combination with the albuminous matters in the alimentary canal, and so passed out of the system. The effect of the treatment was not satisfactory; the fits became rather less frequent, but were more severe, being more frequently attended by convulsions and followed by more decided and prolonged coma.—*Ibid.*

Iodide of Ammonium.—For some time past, at Guy's Hospital, Mr. Thomas Bryant has been in the habit of using the iodide of ammonium in certain glandular

affections, and, as he informs us, with considerable success. In bronchocele more particularly its beneficial influence has been well shown, and in that disease Mr. Bryant now prefers this preparation of iodine to any other. In many cases he has given it with immediate improvement when the iodide of potassium had been previously employed with little or no good effect; and when applied locally its favourable action is also decidedly satisfactory. He gives it in four or five-grain doses two or three times a-day, in some bitter infusion, as gentian, and finds it agrees well with the stomach. As a local application he uses it either as an ointment, made up with some simple cerate in the proportion of one drachm to an ounce, or as a liniment in the same proportions dissolved in glycerine. In some cases in which the patient is feeble or cachectic he combines the drug with iron, selecting the syrup of the iodide in about half-drachm doses as the best, the infusion of quassia being then the vehicle.

Internally or locally the benefit of this drug is well spoken of, but in bronchocele the combined form of treatment is peculiarly beneficial. In strumous glandular enlargements its use is best exemplified as a local application—cod-liver oil or other tonics being the best as internal medicines.—*Ibid.*

Case of Epilepsy, presenting Peculiar Features, suddenly and remarkably relieved by the Use of Arsenic.—Dr. BRISTOW has at present under his care, at St. Thomas's Hospital, an epileptic lad, whose case is interesting, both from certain peculiarities in the symptoms, and from the success which seems to have attended the treatment employed.

The patient is a shop boy, 14 years of age, who has been subject to epileptic fits for upwards of two years. They came on without obvious cause, and at first were always nocturnal. They increased gradually, so that after a time he generally experienced two or three every night, and often one or more in the day. In May last he was admitted into the hospital, where he remained four months; and under the treatment there employed so far improved that during the latter part of that time, and for the following three months, the fits recurred only about once a month. A week before his last admission, however, they

came on again suddenly, and with great severity. For the first three or four days of this time the fits followed one another night and day with great rapidity, but he had intervals of consciousness. For the last three days, however, the fits were still more frequent, and he continued between them in a state of insensibility. He was admitted on November 13 in the condition just described, but in so utterly prostrate a condition that his speedy death was anticipated. With the aid of a purge and of a blister to the neck he emerged from this critical state, and became quite conscious. The fits, however, though rendered less frequent, did not cease, and he was ordered to take two grains of sulphate of zinc in infusion of valerian three times a day. From this time up to December 7 the above line of treatment was pursued, the dose of sulphate of zinc being gradually increased to ten grains. During the whole of this period, however, his condition was a peculiar one. His lower extremities, which previously had been healthy, were feeble and uncertain in their movements, like those of a paraplegic patient, so that he was unable to walk; but there was no anæsthesia. He was therefore in bed, and for the most part in a semi-recumbent posture. But it was observed that whenever he tried to turn or otherwise move his legs, and especially, therefore, if he were made to get out of bed, a peculiar numbness or sensation of "pins and needles" crept from the toes upwards, and was followed in a few seconds by a fit—the fit lasting for about half a minute only, and being preceded by a prolonged and distressing scream. The truth of the statement just made was repeatedly verified by Dr. Bristowe. It was ascertained, however, that after a fit had been thus produced he enjoyed a perfect immunity for about a quarter of an hour, during which time he might move about as he pleased without any ill results; and it was further ascertained that by careful management he could, and usually did, prevent the occurrence of any fit during the day. They took place, however, frequently in the night, always preceded by a scream, and they increased in frequency nightly, so that on the night of December 6 they were so numerous that his constant screaming prevented any of the patients in the ward from getting rest.

On the next morning (the 7th) the medicine he had hitherto taken was ordered to

be omitted, and five drops of liquor arsenicalis with compound infusion of gentian thrice daily were prescribed. He had no fit the following night, and none during the succeeding eight days. For two or three days he still suffered from occasional attacks of numbness in the leg; these feelings, however, quite disappeared, and he recovered completely the use of his lower extremities. On the afternoon of the 16th he was visited by his mother and several of his friends who remained with him for some time. Almost immediately after they left him, the fit returned, and between five and ten P. M. came on every ten or fifteen minutes. During the night he had two; and during each of the two following nights he also had one or two attacks. From the 18th, however, up to the present date (the 31st), he had continued entirely free, and apparently quite well.

There are a few particulars to be added to the case. The boy was, and is, pale and anæmic-looking, but his digestive functions seem naturally performed; he has no cardiac or pulmonary symptoms. He is quite intelligent, and so far as can be ascertained has no spinal or renal disease. The mode of access of the fits, the way in which they could be produced at pleasure, and the way in which their occurrence could, during the daytime, be prevented, are all interesting, but do not perhaps call for special comment. The effects of the arsenic were, however, so sudden and so remarkable, that in order to show they were not fallacious, a few words seem necessary. It will be observed that the fits were nocturnal, and that they increased in severity up to the very night before the change of medicine was made. The change of medicine, further, was effected without calling his attention to the fact, or to the probability or possibility of any special effect from it; so that the sudden disappearance of the fit could scarcely have been due to any mental impression, and could scarcely have been a mere coincidence. It will be observed, too, that though the fits themselves ceased at once, the aura persisted for a time, and, further, that even after the latter had disappeared, the liability to have fits from any excitement continued; both of which points are quite compatible with the view that the amendment in this case was due to the use of arsenic, and indeed favour it.—*Med. Times and Gazette*, January 11, 1862.

Chronic Peritonitis with Purulent Effusion, Paracentesis on two Occasions; Extreme Lowness of the Patient; Recovery.—Chronic peritonitis is acknowledged to be a very unpromising disease in regard to treatment, and usually the efforts of the physician are confined to a mitigation of the symptoms or retardation of the progress of the malady. A cure is rarely brought about, more especially when the effusion has reached the suppurative stage. During the past summer, however, a most unfavourable case of this kind—one in which life seemed hanging in the balance for several weeks—came under our observation, but which ended in a good recovery from the means perseveringly employed to save life. There can be no doubt that, in this instance, the intestines and their peritoneal investments have become adherent; yet, with such a disadvantage, it is probable that the patient may enjoy a fair share of health in a country district.

For the notes of the case we are indebted to Mr. T. C. Wigg, late physician's assistant to the hospital:—

Ann M—, aged twenty-four, a housemaid, living in London, admitted into Charing-Cross Hospital, March 12th, 1861. She states that she has always enjoyed good health until about two years since, when she first noticed a swelling of the stomach, which gradually increased up to the present time. She cannot assign any cause for the complaint; she is not aware of having caught cold nor of having had liver or heart affection. She has had a cough in the winter for the last two or three years. The catamenia had always been regular.

Upon examination, the abdomen is found uniformly distended by fluid. She measures thirty-five inches and a half in circumference. The bowels are constipated; the tongue is clean; the countenance has an anxious look, and the patient is rather emaciated. There is not any oedema of the lower limbs, nor can any particular disease of the heart, lungs, or kidneys be detected. She was ordered blue-pill and squill with the acetate of potash in decoction of broomtops three times a-day, and an ointment of mercury and iodine to be rubbed over the belly. Compound jalap powder was taken occasionally, as an aperient. This kind of treatment was continued from the 12th until the 27th of March, when, the circumference of the abdomen being reduced only one inch, and the patient

complaining of dyspnoea and pain of the left side, and having vomited some blood, Dr. Willshire requested Mr. Canton to perform the operation of paracentesis abdominis. Accordingly, on the day last named, 240 ounces of clear serum was drawn off, after which a full dose of opium was ordered to be given.

For some days after the operation the case was an anxious one, vomiting, pain, and depression being prominent. These symptoms were met by opium, stimulants, and effervescing draughts containing prussic acid, under which the patient rallied. In a short time, however, the abdomen became of the same size as before.

As the patient was beginning to be worn out by the continual pain from distension and by broken rest, Dr. Willshire decided upon having the abdomen again punctured. Accordingly, on the 20th of April, Mr. Canton performed the operation, and gave exit to 232 ounces of sero-purulent fluid, which, when flowing, was so dense and deeply coloured as to look like pure pus. After the operation, a full dose of opium and eight ounces of wine were ordered.

For some weeks following great fears were entertained for the safety of the patient. Pain, want of rest, vomiting, and diarrhoea were the more urgent symptoms. The emaciation, too, became extreme. A small abscess formed in one of the labia, and twice a little matter collected at the seat of the last puncture of the abdomen. It was believed that some purulent matter was passed per anum, but this was uncertain. The appetite of the patient became exceedingly capricious, and her temper extremely trying to the nurses and the patients near her. Opium in one or other of its forms, but chiefly "black drop," along with alkalies and effervescing draughts, and a good supporting diet, constituted, in general terms, the regimen to which she was subjected. At this juncture a troublesome cough made its appearance, followed by muco-purulent expectoration. This, together with the extreme capillary development over the forehead, arms, back, and indeed over the body generally, and the peculiar form of peritonitis from which the patient had suffered, gave rise to some fears that pulmonary tuberculosis would prove fatal to her. But physical examination certainly did not warrant the assumption. Fortunately, the cough gradually ceased,

the abdomen did not again enlarge, and the patient began to pick up a little flesh; her countenance, also, assumed, if not a cheerful, yet a less anxious expression. Improvement still continued, when she was discharged (having an order for Walton-upon-Thames) August 12th 1861.—*Lancet*, Jan. 18, 1862.

Five Cases of Amputation.—These amputations were performed on one day at University College Hospital, by Mr. ERICHSEN and Mr. H. THOMPSON.

CASE 1. Caries of Tibia; Amputation of the Leg.—The patient was a young man who had been the subject of caries of the lower end of the tibia for some months. Mr. Erichsen had already gouged away the diseased part; but afterwards the man had an attack of fever, with some internal disease, and suppuration about the seat of the caries, extending to the ankle. It was considered useless to attempt to preserve the foot; so, to save life, amputation was resorted to through the leg. In doing this, Mr. Erichsen adopted the method of rectangular flaps of Mr. Teale, of Leeds. A long rectangular flap from the anterior part of the leg was made, including the muscles down to the interosseous space, carefully dissected up, and a short posterior flap. The operation was done in accordance with the rules laid down by Mr. Teale, and very little blood was lost. The anterior tibial artery, which was here cut long, was tied with a silver wire, the others with ordinary ligatures, and the flaps were nicely adjusted by silver sutures. This was for the purpose of testing the merits of each in point of time of separation. Mr. Erichsen remarked that he adopted the wire sutures on the present occasion, especially as he was honoured by the presence of Dr. M. Sims, who had introduced them into practice in surgery, particularly that branch of it in connection with the female organs of generation.

CASE 2. Canceroid Disease of Hand; Amputation of Forearm.—An elderly man had his left hand affected for several years with a canceroid disease or form of lupus non exedens, which had rendered it perfectly useless, and resisted every mode of treatment. The fingers were straightened and stiffened, and the hand slightly bent backwards; its removal would give him a useful stump to which a hook could be attached. The double flap operation was performed through

the lower third of the forearm by Mr. Erichsen, who ligatured *all* the vessels with silver wires, and brought the flap together by sutures of the same material. In this instance, the ends of the wires were cut close to the vessels, whilst in the first case the wire was allowed to hang out with the other ligatures. Wet lint was applied as in the first case.

CASE 3. Injury to Hand and Forearm; Amputation of the Arm.—A man aged fifty-three years, sustained an injury to his left hand and forearm, which was followed by complete disorganization of the tissues, through an attack of erysipelas, especially in the forearm. He had been in the hospital three or four days, and Mr. Erichsen now amputated through the arm above the elbow by means of a double flap. There were a number of vessels to tie, which were ligatured with silver wires cut close, and the flaps adjusted by sutures of the same material. In this and the previous instance, the wires around the vessels necessarily remained in the stump. In these three cases, linen retractors were used, heretofore seldom employed in this hospital; but, in using the saw, the bone-dust becomes imbedded in the flaps; and, if it is desirable to get union by adhesion, it is well, Mr. Erichsen remarked, to employ them.

CASE 4. Disease of Tarsus; Syme's Amputation at the Ankle joint.—The patient was a boy of twelve years, with disease of the right tarsus of an incurable nature, for which Mr. Henry Thompson thought Syme's amputation more suitable than Chopart's operation, especially as he had to earn his living. This was, therefore, done, strictly in accordance with the rules laid down by Mr. Syme, and more expeditiously than we remember ever to have seen it before. The flap formed by the heel was most evenly adjusted, and promises well for the future. This operation Mr. Thompson has performed several times with results in the highest degree gratifying, because in none was there any sloughing of the heel, owing to rigid adherence to Mr. Syme's rules.

CASE 5. Syphilitic Disease, and Disorganization of Leg and Knee from Erysipelas; Amputation of the Thigh.—In October last, a poor girl was admitted with an old syphilitic ulcer in the left popliteal space, which had matted all the neighbouring tissues together in a previously contracted joint. In February, Mr. Thompson had straightened the limb by simple extension,

and the patient went out relieved. He, at that time, divided the three hamstring tendons; the result was good, but afterwards erysipelas occurred round the knee. The state of the limb subsequently became so bad, that the only chance which offered to save life was amputation of the limb above the knee, which Mr. Thompson now performed, by antero-posterior flaps, at the lower third of the thigh. Previous to the amputation, under chloroform, the knee was found to be perfectly disorganized, with erosion of the cartilages. The patient was much emaciated. Very little blood was lost.

At the present time, all of these cases are doing well without any exception. There is some pain and tenderness in the second case, and the man is rather low; but there is no serious symptom. The subject of the fourth case was at first very weak; she, however, took stimulants well, and has greatly improved within the last few days, and eats mutton. In the fifth and last case, there has been no sign whatever of sloughing of the flap.—*Lancet*, Jan. 11, 1862.

Successful Treatment of Severe Stricture by Continuous Dilatation.—The modern introduction of methods of internal division of stricture by Civile, and the various other operations for splitting up the stricture or otherwise dividing it, have been much recommended, and successfully employed of late, by several hospital surgeons in lieu of ordinary dilatation. They have the advantage of comparative expeditious operation, and their novelty gives them interest. The perfect success of less ambitious and adventurous methods of treatment deserves, however, to be borne in mind in certain cases.

In the case of two patients recently admitted together into the above hospital, under the care of Mr. Ernest Hart, with retention of urine, due to long standing strictures much contracted, the contraction of the urethra was overcome, and the passage fully dilated within nine days, by continuously retaining a catheter once passed.

The first case was of four years' standing, and the patient had several times been the subject of retention. With great difficulty a No. 1 catheter was introduced. The surface of the urethra was rough, and there was a false passage, which had been made a few hours before admission. Sedative medical treatment was employed, and the catheter retained permanently in the passage.

It was withdrawn after thirty hours, being then very loosely held in the urethra. A No. 3 catheter was then easily introduced, and similarly retained *in situ*; and on the ninth day the patient left the hospital, passing a large stream of urine, and was made an out-patient. A No. 10 catheter was passed by Mr. Hart with facility.

The second case was one of a very similar character. This simple plan of treatment met in these cases with all the success which could have been expected from any method. Some difficulty is occasionally found in comfortably and securely retaining the catheter *in situ*. For this purpose it is customary in Edinburgh, and with many surgeons, to pass a roller round the waist and across each groin, as for bandaging the groin, and to secure the tapes of the catheter to the side pieces of the bandage.

In these cases Mr. Hart secured the tapes of the catheter by simply involving them with a strip of plaster carried circularly round the body of the penis. This plan is less troublesome in execution, and it does not in any way impede the movement of the thighs and body, which otherwise are very inconveniently restrained.

Value of Valerianate of Ammonia in the Treatment of the more Severe Forms of Neuralgia.—The following cases of neuralgia, extracted from the case-book of Dr. O'Conner, are representatives of a large class of a similar character which have come under his care at the Royal Free Hospital. They illustrate the success attending the use of the valerianate of ammonia as a remedy in the severer forms of this malady. Dr. O'Conner informs us that this drug, if retained in a state of crystallization, rapidly decomposes, and is uncertain in its action. It should be kept in solution, and the smallest dose he is in the habit of giving of the latter is equal to twenty grains of the crystal.

CASE 1. J. R.—, a man aged forty-six years, a porter, unmarried, was admitted Nov. 9th, complaining of excruciating pain in the right side of the face, commencing near the malar bone, from thence extending to the nose, over the whole of the upper, and then to the lower jaw. He has been subject to the pain for ten years; it is generally most severe about eight o'clock at night, but he is never totally free from it. For the last week it has been most excruciating, and he has had scarcely any sleep. He has

been under the care of many medical men, and sought advice at various institutions, without benefit. Dr. O'Conner ordered him a dose of compound powder of jalap to be taken directly, and a draught of three drachms of Bastick's solution of the valerianate of ammonia in infusion of calumba every three hours.

On Nov. 16th he again presented himself at the hospital, when he said that after taking two doses of the medicine the pain was considerably relieved, and that he had no occasion to have recourse to the remedy after the sixth dose. He is now well and free from pain.

CASE 2. P. B—, a married woman, aged thirty-one, admitted on the same day as the foregoing; has two children. For a number of years she has been subject to attacks of neuralgia, which come on generally about five o'clock of an afternoon, and continue with great severity for five hours. The pain seizes her first behind the right ear, extends to the nape of the neck, and back of the head, and frequently shoots with great rapidity along to the malar bone, then to the lower jaw; and she is suddenly seized with pain at the region of the heart. She is suffering from aortic valvular disease. At times the pains are so severe that she cannot bear the slightest blast of wind, and is obliged to roll herself on the floor. She was ordered three drachms of the solution of the valerianate of ammonia in infusion of calumba every three hours.

On Nov. 13th she was very much better; has had only three attacks since the 9th. The medicine to be continued.

23d. Has had no pain since the 18th.

CASE 3. R. P—, a married woman, aged forty-two; has had eight children; works as a laundress; has suffered from neuralgia of the fifth pair on the left side for nearly twenty years, and has sought advice at many hospitals with only temporary relief. When the paroxysm is most severe the pain extends to the side of the neck and shoulder; it also causes deafness. She is obliged to go to bed, and cannot take any food, the slightest motion causing intense agony. For ten years back the paroxysms have been more severe and of longer duration. She was admitted, under the care of Dr. O'Conner, on the 13th of November, whilst in severe agony; had no sleep the previous night; her health is otherwise good; and the teeth perfectly sound. She

was ordered four drachms of the solution of valerianate of ammonia, in infusion of calumba, to be taken every three hours; a dose of compound powder of jalap directly.

On the 27th she states that after a few doses of the medicine the pain diminished, and on the following day it entirely disappeared.

Jan. 8th, 1862. This woman became an out-patient from an attack of influenza. She states that since the 28th of Nov. she has not had any return of pain.

CASE 4. L. C—, aged forty-nine, a married woman, admitted on the 20th of November. She has had nine children; has been for nearly ten years subject to severe attacks of neuralgia of the right side of the face, right eye, and the tongue. These paroxysms came on generally at eight o'clock in the morning and four in the afternoon, and as soon as she puts anything into her mouth she describes the pain as insufferable. Her health is otherwise good, and her teeth are all sound. She was ordered a draught composed of four drachms of the solution of valerianate of ammonia, in infusion of valerian, to be taken every two hours, and to be repeated oftener if the pain continues in its severity.

Nov. 30th. She states that since the 27th she has had sound sleep every night, and the paroxysms of pain only come on once a day, and then of much milder character. The medicine to be taken every six hours.

Dec. 14th. Has had no return of pain since the 1st, and now feels quite well.—*Lancet*, Jan. 18, 1862.

Hysterical Movements of the Left Arm, cured by the Valerianate of Zinc.—Subjoined is an example of singular derangement of the nervous system in hysteria, manifested in continued movements of the arm and hand persisting during sleep. As the attack was quite recent, it readily yielded to the administration of valerianate of zinc. The short notes of the case were taken by Mr. G. M. Ashforth, clinical clerk.

We may here refer to another case of nervous disorder occurring in an elderly man admitted on the 17th of September, 1861, under Dr. Wilks's care, with lateral movements of the head towards the right side. He was a worker in the manufacture of black-lead pencils (an innocuous trade so far as the nature of the substances employed in it is concerned), and had been subject to

these movements of the head for some years. He has had them sometimes when asleep; they appear to come and go, and are often worse when he is examined by any person. He was rather pale, and his general health was otherwise pretty good. Under the influence of the compound iron mixture three times a day, he so much improved that he left the hospital tolerably free from them. The chemical student will at once understand that in this instance the nervous malady was not attributable to the effects of lead, for there is none of that substance in plumbago, from which the black-lead pencils are made; it chiefly consists of carbon, with a small proportion of the protoxide of iron, silica, &c.

Mary T—, aged twenty-two, residing in Tooley-street, was admitted into Guy's Hospital November 16th, 1861. Has been ill four days, but had always been in good health, with the exception of an attack of typhus fever. Is unmarried, but was confined two years ago of a living child. Two weeks before her confinement she had a shaking of the hand, which went away during labour. Four days before admission, she was busy at work in haste to get it done, being a servant, when a violent shaking of the left hand and arm came on suddenly. She did not feel any pain anywhere, and appeared perfectly well. She menstruated last week, after an interval of two months; she is seldom regular in her menstrual periods; bowels are regular.

She was apparently healthy on admission, but with bad cranial development; the forehead was low and small. The shaking of the hand is excessive. During sleep the movement continued, and often deprived her of rest; she is not subject to hysterical attacks. Urine pale, normal quantity; pulse 72: heart's action irritable. With some aperient medicine, she was ordered two grains of valerianate of zinc with extract of gentian, three times a day, and medium diet.

Nov. 17th. Bowels open five times; is better.

19th. Much improved; heart not so irritable; sounds normal.

20th. Hand is much quieter.

22d. Hand nearly quiet; can hold it out straight, with very little shaking.

26th. Is quite well; the arm and hand do not shake at all. Discharged cured — *Lancet*, Jan. 18, 1862.

The Influence of Arsenic on Albuminuria, in a Case complicated with Psoriasis and Lichen.—The tonic and antiperiodic effects of the liquor arsenicalis are well known in the practice of medicine. According to Dr. Anthony Todd Thompson, it determines to the surface, equalizes the circulation, excites the cutaneous capillaries, and improves the general action of the skin. Some months back we watched with considerable interest a case of acute renal anasarca, which became complicated with psoriasis and lichen, for which this solution of arsenic was employed, and with extremely beneficial effects upon the quantity of albumen in the urine.

The patient was a female, aged nineteen years, who was admitted into St. Bartholomew's Hospital, with acute renal anasarca of two weeks' duration, possessing all the usual characters of that affection, with the urine not only highly albuminous, but very smoky. For this condition she was ordered suitable treatment. About a month after her admission, an eruption of psoriasis appeared, associated with lichen, on the arms and hands, for which she was ordered five minims (afterwards increased to seven) of Fowler's solution, in peppermint water, three times a day. This was found to be of service, not only in dispelling the cutaneous eruption, but also in diminishing the quantity of albumen to such extent that it had almost wholly disappeared from the urine. In two months the eruption had much diminished, and was quite cured by the tenth week; and although the albumen had all but gone, it subsequently reappeared in very small quantity whilst taking the arsenic. Besides other treatment, she had alkaline baths and creasote ointment. She left the hospital comparatively well at the end of the twenty-fifth week, being much stouter and altogether looking a great deal better. The arsenic had acted evidently as a powerful tonic, and exercised a very decided influence on the albuminuria.—*Lancet*, Jan. 18, 1862.

Arsenic in Chronic Pemphigus.—A good example of the specific efficacy of arsenic in cases of the chronic form of pemphigus, occurred a short time ago in the London Hospital in a case under the care of Dr. Ramskill. The patient, a boy of about eight, had suffered very severely from pemphigus for some months. He had been

treated by tonics and good diet as an in-patient for about five weeks before the arsenical was given, and without any marked result. Immediately on the latter remedy having been prescribed, he began to improve. No flesh bullæ formed. In about a week he was free from the eruption, the crusts only remaining. Soon afterwards he left the Hospital, quite well in every respect. His general health, as is almost constantly the case, had greatly benefited during the course of arsenic. We have in former years repeatedly published cases in illustration of the power of arsenic over this intractable affection.—*Med. Times and Gaz.*, Jan. 4, 1862.

Rare Case of Tetanus.—A boy died at St. Bartholomew's Hospital from slight injuries and a scratch received on the nose, terminating in tetanus. The injuries were caused by an attempt being made to strike him with a board, which unfortunately caught his nose and grazed it. The wound went on very well until Sunday morning; about midday he became worse, all the symptoms of tetanus set in, and he died on Monday morning about four o'clock.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The expediency of holding this year the meeting of our national medical congress is now under discussion. It will be recollected that the meeting which was to have taken place last year at Chicago on the first Tuesday in June, was, in consequence of the condition of the country at that period, postponed for one year. If the Association is to be called together this year at the regular time, the delegates should be elected without delay, and we would call the attention of medical societies and colleges to the subject. In an editorial in our respected contemporary, the *New York Medical Times* (Feb. 22, 1862), the propriety of holding the meeting is advocated. We must confess that we are rather inclined to an opposite opinion. It does not seem to us that the times are propitious for such an assemblage. So many members of the profession are engaged in the army, that those who remain in civil life cannot

conveniently be spared from the scene of their labours; and not only, therefore, would the number of delegates present be small, but they would represent only a portion of our country. In another year a very different state of things we hope may exist, and then we trust the Association will once more be called together, that delegates from every part of the Union will then meet with the same cordial and fraternal feelings which have always characterized our reunions, and that henceforth the annual meetings will be regularly continued to perpetuity.

Fatal Mistake by a Druggist.—We learn from the daily papers that the Hon. Wm. Pennington, of New Jersey, late Speaker of the House of Representatives, has fallen a victim to the carelessness of an apothecary. He was suffering from fever and was ordered eight grains of quinia. The druggist by mistake sent eight grains of morphia instead which was taken at a single dose with a fatal result. We have not learned what treatment was adopted when the mistake was discovered, but fear from the fatal result that belladonna was not employed, as from the evidence which has been published (see *American Journal of the Medical Sciences* for Jan. 1862, p. 54), as well as from other facts which have come to our knowledge, we feel convinced that belladonna and morphia are entirely reliable antidotes to each other.

Cider in Diabetes.—Drs. Miller and Holmes reported to the Berkshire District Medical Society a cure of diabetes, in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider.—*Berkshire Med. Journ.*

Large Amount of Fluid removed by Tapping.—Prof. Peaslee recently performed the operation of tapping on a young lady at Pittston, Pa., and removed one hundred and forty-nine pounds and three ounces (149 lbs. 3 oz.) of dropsical fluid. The abdominal circumference of the patient before the operation was six feet and two inches. This is the same patient from whom Dr. Peaslee removed one hundred and thirty-five pounds of fluid (135 lbs.), on the 29th

of April last. The circumference then was five feet seven inches.—*Am. Med. Monthly.*

Lethean Patent.—Dr. W. T. G. Morton recently instituted a suit in the U. S. District Court of New York, against the New York Eye and Ear Infirmary, for infringement of his rights as patentee for the exclusive use of ether in surgical operations. After full discussion, Judge Shipman announced (Jan. 30th) that he had come to the conclusion that the patent was void, and that the subject matter, under the circumstances, was not patentable. He therefore directed the jury to find a verdict for the defendants.

Rush Medical College.—At the annual commencement on the 5th of Feb., of the present year, the degree of M. D. was conferred on 35 members of the class.

FOREIGN INTELLIGENCE.

Death from Inhalation of Chloroform at Lisbon.—For the benefit of those who collect such accidents, we just allude to this unfortunate case, which was observed at Lisbon as far back as 1859. It is reported in the *Journal de la Société, &c. de Lisbonne*, and quoted by the *Gazette Médicale de Paris*, 4th Jan. 1862. The patient was a feeble subject, who was to have two cysts, one of the lid and the other of the tongue, removed. Two drachms of chloroform were poured on some lint, and hardly had he begun to inhale than he was dreadfully excited. Immediately on the subsidence of the convulsive movements the patient fell into a collapse, and had three violent fits of sneezing, upon which the heart ceased to beat. Breathing took place several times afterwards, at long intervals, and at last completely stopped. It was the first case at the San José Hospital.

Local Anæsthesia.—Dr. FOURNIER has addressed to the Academy of Sciences a paper on the subject of Local Anæsthesia, and details a new process for its production, which is called "Chloracetization." His method for producing local insensibility to pain is that of exposing the part to be acted on to the fumes of a mixture of acetic acid and chloroform. "If," he says, "in a room, the temperature of which is upwards of 63°

Fahr., the mouth of a thin glass bottle, half filled with a mixture composed of equal parts of pure crystallizable acetic acid and chloroform, be exactly applied to a clean and healthy skin, not deprived of its epidermis, and if this phial be constantly maintained at the temperature of the hand, complete anæsthesia of the part included by the orifice of the bottle will be attained." M. Fournier proposes to utilize this discovery for surgical purposes by directing the vapours of the chloro-acetic compound upon the parts to be rendered insensible to pain by means of a retort, the rest of the limb being protected by diachylon plaster from the benumbing action of the anodyne emanations; and suggests the employment of his method in those cases where general anæsthesia may be deemed inadmissible.—*Lancet*, Jan. 4, 1862.

Potassio-tartrate of Iron in Rheumatism.—Rheumatism is one of those affections which at times resist all the ordinary modes of treatment in use, though occasionally it will readily yield to a remedy not commonly employed in that affection. This result we have observed in a case under Dr. Willshire's care, in the person of a somewhat pallid girl, Frances S——, aged twenty years, who was admitted on the 26th November last, with rheumatism of an erratic character, the pains flying about, as it were, to various parts of the body. To this she had been subject for the last three years, and nothing seemed to produce any marked improvement; she was, therefore, ordered a mixture containing the potassio-tartrate of iron, which has produced a decidedly beneficial effect in a short period of time, the pains having become gradually diminished, but not as yet wholly gone, and her health is better. Although pale, she has always menstruated with great regularity. In obstinate and suitable cases, this excellent preparation of iron should be borne in mind.—*Lancet*, January 11, 1862.

Mode of destroying the Taste of Cod-liver Oil.—M. MARTIN tells us that there is a simple way of being rid of the nauseous taste of cod-liver oil, viz., by slowly swallowing half a glass of an artificial chalybeate, made by macerating a few rusty nails in water. The bitter, rancid, disagreeable taste of even the most nauseous specimens of cod-liver oil is at once con-

verted into the agreeable flavour of oysters or fresh shell fish.—*British Med. Journ.*, Dec. 7th 1861.

Prevalent Diseases in Paris and London.—In the *Gazette des Hôpitaux* of Jan. 26th, it is stated that a general epidemic of *la grippe* prevails at present in Paris, but which presents the same phenomena as other epidemics of the same malady.

In the *Med. Times and Gaz.* of Feb. 1, it is stated that the atmospheric conditions are very unfavourable for health. "Cold, damp, and fog, loaded with organic vapours not only have produced a notable influenza here, but have raised the sum of mortality from all diseases whatever. Scarlatina and diphtheria are very prevalent; croup, whooping-cough, and continued fever have nearly doubled their ravages during the last week, and consumption and every other disease exhibits a high rate of mortality. We see scarcely any deaths ascribed to influenza simply, yet it is very prevalent, and in some cases associated with unusual symptoms of gastric complication. In one family which has come under our observation, out of sixteen inmates, ten have been ill; each seized in succession quite suddenly with vomiting, headache, shivering, great prostration, and pain in the limbs, and severe and catarrhal symptoms. Each case lasted in its severity about five days. In this house there was reason to suspect that sewer vapours had a share in the production of the mischief. From inquiries we have made, we have reason to believe that influenza is at present more prevalent among the classes in easy circumstances than among the poor.

Increase of frequency of Croup in Paris.—M. ROGER, after giving a statistical account of this affection as observed in the Hôpital des Enfants, Paris, since 1820, comes to the conclusion that it has prevailed, during the last six years, from 30 to 100 times more frequently than it did forty years ago. It is true that, in the meantime, the population of Paris has doubled, and that the success which has attended tracheotomy has caused many additional infants to be brought to the Hospital; but still these causes will not explain the great increase of diphtheritic affections during recent years. With respect to the results of tracheotomy, of 164 operations performed in 1859, 40 were successful; of 130 in 1860,

there were 23 successful; and of 82 in 1861, there were 25—the mean success for the three years having been 24.68 per cent., a figure almost identical with that furnished by MM. Roger and See's statistics in 1858. At the Hôpital des Enfants, therefore, one-fourth of the patients attacked by croup are cured by operation; but if we take into account desperate cases which are not operated upon (about a ninth of the total of cases), the total number of cures becomes reduced to 19 or 20 per cent.—*Med. Times and Gaz.*, Jan. 4, 1862, from *Gaz. Hebdom.*, No. 50.

A New Domestic Poison.—Benzole is an organic product of distillation which ranks high amongst the recent useful gifts of chemistry to our national industry. It has lately come into extensive use for a variety of purposes, and has not hitherto been considered poisonous. A recent death has given occasion to investigations which prove that it is highly poisonous. At the inquest on George Gilbert, who died on the 3d instant, it appeared that the deceased, after sucking at a syphon which did not draw, inhaling the vapour of the benzole, and probably swallowing a portion of it, became sick and drowsy, his pulse feeble, and countenance livid. Dr. H. Barker was called to him, and he was treated with stimulants, but died in a few hours. The symptoms were those arising from the inhalation or swallowing of a noxious fluid. There was no trace of irritant substance in the stomach, nor had it any smell of bitter almonds. The brain, lungs, and liver were congested, and there were some patches of congestion on the coats of the stomach. The head had a slight smell of bitter almonds.

The Coroner very properly ordered an adjournment, so that the real character of an article in such general use might be ascertained. This purified benzole, nitro-benzole, or myrbane, was found to contain a large proportion of prussic acid, and hence to be a very dangerous poison. This cannot be too widely known, since the substance is largely used as a flavouring agent.—*Lancet*, Jan. 25th, 1862.

Explosive Paraffine.—As this oil is extensively used in this country, the following easy method (made known by Mr. W. HERAPATH) of ascertaining whether or not

any specimen is explosive and consequently dangerous, should be widely known to the public:—

Let two or three drops of it be allowed to fall upon a plate or saucer, and apply to them a lighted match; if the flame spreads over the surface of the drops, the oil should on no account be used, as it will under many circumstances prove explosive. The genuine paraffine or petroline will not burn except upon a wick.—*Med. Times and Gaz.*, Jan. 18, 1862.

Temperature and Ventilation.—"Generally speaking," says the *Siècle*, "during winter, apartments are too much heated. The temperature in them ought not to exceed 15° Centigrade (59° Fahrenheit); and, even in periods of great cold, scientific men declare that 12° or 14° had better not be exceeded. In the wards of hospitals, and in the chambers of the sick, care is taken not to have greater heat than 15°. Clerks in offices, and other persons of sedentary occupations, when the rooms in which they sit are too much heated, are liable to cerebral congestion and to pulmonary complaints. In bedrooms, and particularly those of children, the temperature ought to be maintained rather low; it is even prudent only rarely to make fires in them, especially during the night. In addition to keeping up only a moderate temperature, the windows of all rooms, whatever the weather, ought to be opened for a time every day, so as to renew the air."—*Lancet*, January 11, 1862.

The proposed New Edition of the French Pharmacopœia.—The French Codex Medicamentarius, displacing that which had been ordered to be framed by the Parliament of Paris in 1748, appeared in 1818, and the new edition of this which was published in 1837, is the present French Pharmacopœia. Twenty-four years having thus elapsed, it has been deemed quite time to issue a new edition, and a committee has just been appointed for its preparation. As a palliative for the confused state of things in the absence of authorized formulæ of new medicines and improved procedures, the pharmacians were authorized, in 1850, to sell or prepare any preparations which had become authorized by the Académie de Médecine, publishing their formulæ in its *Bulletin*. The committee consists of MM. Dumas,

Inspector-General of Superior Instruction; Grisolle, Professor of Materia Medica and Therapeutics; Regnault, Professor of Pharmacology; Tardieu, Professor of Legal Medicine; Wurtz, Professor of Medical Chemistry; Bussy, Professor of Chemistry; Chatin, Professor of Rural Botany; Guibourt, Professor of the Natural History of Medicinal Substances; and Lecanu, Professor of Pharmacy. To these are conjoined three members of the Academy of Medicine—MM. Robinet, Boudet, and Goble; and two Paris pharmacians—MM. Mialhe and Mayer.

By order of the Minister of Public Instruction, MM. Trousseau and Bouchardat have been added to the above committee.

Life Assurance in France.—From the tenour of a paper inserted in a recent number of *L'Union Médicale* (1862, No. 2), with the entire approbation of its editors, it would seem that some members of the profession in France regard the duty of the medical practitioner with respect to replying to the queries of assurance offices in a somewhat extreme light. With us, the question has only been as to the payment for the information afforded, such payment now being generally admitted as due from the offices. In France, however, they are questioning the right of the offices to ask the questions at all, and of the medical practitioner to reply to them; maintaining that, even with the candidate's own permission such information should not be afforded, it being often requisite to keep secret, even from our patients themselves, our exact opinion as to their maladies and prospects of living. The objectors, too, seem to have little faith in the promises of secrecy on the part of the companies, believing that a man who has been refused will always find out the part his attendant has had in the result. This is perhaps more likely to happen in France, since it seems to be sometimes there the practice for the candidate himself to forward the queries to his attendant, and even to wait for the reply in some instances. It is argued that the entire *onus* of proving the assurability of the life proposed should be thrown upon the medical officers of the companies.—*Med. Times and Gaz.*, Jan. 18, 1862.

Village Hospitals.—It is satisfactory to hear of the continued success of the experi-

ment made in the village of Cranley, near Guildford, in Surrey, in the formation of a village hospital: not a fine establishment, with a noble-looking building and a large administrative staff that eat away all the money; but a simple cottage, with half a dozen beds, one good nurse and general servant. This excellent institution was commenced in 1859 by the medical officer, Mr. Napper, working in conjunction with the clergyman of the parish, the Rev. J. H. Septe, who is the visitor and manager, and who has generously provided the cottage. One very important feature of this hospital is that the patients pay a weekly sum, the amount of which is dependent on their circumstances, thus avoiding the pauperizing influences of a mere charity and the strain on the pockets of alms givers. Of course some supplementary aid is required, but the expenses of this institution are so light, that a very small subscription amongst the neighbouring gentry is sufficient for the purpose. This cottage hospital, as we have said, is fitted up with six beds, and during the year ending Oct. 1861, twenty-three cases were received and treated, many of them entailing amputations and other operations of a severe character, the majority of which did well. Those who are acquainted with the working of our hospitals in large towns know that one great drawback is the impurity of the atmosphere. Persons coming from the pure air are always liable to suffer in health from the foulness of that of large cities, and patients taken from the breezy country downs do not find themselves in the happiest atmospheric conditions when transplanted into the wards of a great metropolitan hospital.—*Lancet*, Jan. 18, 1862.

Benefactions to Hospitals.—Madame Jenny Lind Goldschmidt, on leaving Bristol recently, inclosed a check for £310 18s. 2d., being the proceeds of a concert, to the mayor, with the request that he would distribute it in equal moieties between the Bristol Royal Infirmary and the Bristol General Hospital. Mr. Crawshaw, of Montague Street, Russell Square, has presented a donation of £500 in aid of the funds of St. Mary's Hospital. The late Henry Batten Pool, Esq., of Road, has bequeathed to the Bath Eye Infirmary £1000; to the Bath United Hospital, £1000. The late Mr. Joseph Garnett, of Newcastle-upon-Tyne, has bequeathed legacies to the following

charitable institutions of the town and district: the Infirmary, £500; the Dispensary, £250; the Eastern Free Dispensary, £350; the Eye Infirmary, £250; the Lying in Hospital, £250; the Fever Hospital, £250; the Northern Institution for the Deaf and Dumb, 200; the Royal Victoria Asylum for the Blind, £200; Gateshead Dispensary, £250.—*Lancet*, January 11, 1862.

Suicides in France.—The average number of suicides each year in France, according to the *Annuaire Encyclopédique*, is 3899, of whom only 842 are females. It is in April, May, June, and July, that they are most frequent; and the age of the greatest number of persons committing them is from forty to sixty. Of the total, 2833 are accomplished by strangulation or drowning, 271 by suffocation with the fumes of charcoal, 395 by firearms, 153 by sharp instruments, 110 by leaping from high places, 98 by poison, and the rest by different means.—*Lancet*, January 11, 1862.

Fees for Medical Attendance in Paris—The correspondent of the *Lancet* in a recent letter gives the following interesting information on this subject.

"The Paris fees range from two and a half to forty francs per visit. The hard-working general practitioner, whose functions comprise everything, from the prescribing of a tisane up to the application of the forceps, is very commonly obliged to accept the first-named slender remuneration in payment of his diurnal "iter," whilst M.M. Andral, Trousseau, Velpeau, and I may say all the "celebrities," are entitled, by custom, to the sum of two Napoleons as the consultation fee. The social position of the French "médecin du quartier," answers pretty accurately to that of the family apothecary in England, barring always the matter of dispensing, which, as you are well aware, is unknown in this country. Certain physicians and surgeons have, it is hinted, their own favourite chemist, and malicious report, of course, adds that a portion of the drug profits somehow does not find its way into the pocket of the "pharmacien;" going, no doubt, into that same mysterious limbo which contains the lost pins and dead postboys of creation. One great advantage possessed by the Paris practitioner over his London *confrère*, consists in the comparatively narrow area which

the former has to traverse. Owing to the horizontal package of the population in flats, and the ranging of families tier over tier, like herrings in a barrel or passengers in an emigrant ship, the ground room occupied by several hundreds of people is reduced to something inconceivably small; and each house represents numerically the equivalent of a street on your side the channel. I was informed, some time ago, that one of the large habitations on the Boulevard de la Madeleine, afforded lodging to upwards of forty families. It is easy, therefore, to conceive that an immense saving of time and economy in carriage hire must result from the prevalence of this system of building. In the matter of obstetrics, the fee for each accouchement varies from 25 francs (which is, perhaps, the lowest paid to the *man* midwife) up to 600 francs or £24, which is, with few exceptions, the highest claimed in any ordinary case. Surgical operations constitute the branch of practice in which the greatest latitude is allowed. I happen to know of two cases, one that of a common boil on the lower lip, and the other that of a fistula in ano, in which the ordinary operations were performed, and for which, in the first instance, 1000 francs (£40), and in the second, 5000 francs (£200), were claimed, both sums being paid without demur or expostulation on the part of the patients or their friends. Amongst the English practitioners (now about fourteen in number) established in this capital, a standard somewhat higher than the French average prevails. The consultation fee is 40 francs; that for a single and casual visit, 20 francs; and during a prolonged attendance, 10 francs."

Diagnosis applied to Fees.—A Paris Physician dismissing from his consulting-room a well-dressed gentleman, the latter slid a piece of money into his hand. The old practitioner immediately diagnosed by its weight that it was but a piece of 2 francs, however suitable its size might have seemed. He took no notice of the circumstance, nor even looked at his fee, but returned it, quietly observing, "You have made a mistake, sir, you do not owe me 40 francs, but only 20."—*Med. Times and Gaz.*, Feb. 1, 1862.

Prof. Riberi of Turin.—This eminent surgeon died very rich. He was born of poor parents. By his surgical abilities, he

was made professor of clinical surgery at 32. He was the friend and physician of Charles Albert, and was with him at his death. He also obtained the confidence of Victor Emmanuel. His reputation was very extensive. He was unmarried, and devoted all his time to study and practice. He is said never to have gone but once to a theatre. The greatest part of his large fortune was devoted as legacies to different medical charities. He left an annual sum of 2,500 francs to the Hospital S. Giovanni, to keep up the surgical anatomical museum which was there founded a year ago at his cost. He established a bursary for a student of medicine of the valley of Stroppio, his native place; also a rental of 1,000 francs to be given every twenty months to the most deserving member of the military sanitary corps; also a triennial prize of 20,000 francs to be awarded by the Medico-Chirurgical Academy; and numerous similar legacies. The remainder of his fortune—a million of francs—falls to his nephew, a law-student. His funeral, very different from his simple mode of life, was splendid; the municipality of Turin gave him the same honours as they gave to Cavour, decreeing the fixing of a marble tablet over his dwelling, and a grant of land for his burial-place. A national subscription is now opened for the erection of a monument to him.—*British Med. Journ.*, Dec. 14, 1861.

OBITUARY RECORD.—Died in London, Jan. 9th, 1862, HENRY DAVIES, M. D., in the 80th year of his age. Dr. D. was esteemed, in his day, one of the most eminent obstetricians and private lecturers on midwifery in London.

— in Edinburgh, on the 31st December, 1861, ANDREW FYFE, M. D., Professor of Chemistry in King's College, Aberdeen, and author of "Elements of Chemistry," in the 71st year of his age.

— at Bayswater, Jan. 16th, 1862, of bronchitis, aged 76 years, JAMES O'BRIEN, M. D., Surgeon Extraordinary in Ireland to the Queen, Ex-President of the Royal College of Surgeons of Ireland, and well known by his work on Defecation.

— at Paris, on the 15th Jan. 1862, of arteritis, F. J. MOREAU, Senior Professor at the Faculty of Medicine of Paris, and one of the most highly respected accoucheurs of that city, aged 72 years.